

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814
(916) 445-1797

September 5, 1980



To: All County Welfare Directors

Letter No. 80-33

SHARE-OF-COST MEDI-CAL CARDS ISSUED MORE THAN ONE YEAR FROM THE DATE OF SERVICE

This letter is a follow up to All County Welfare Directors' Letter No. 79-30 which described the procedures to follow for issuance of nonshare-of-cost Medi-Cal cards over one year from the date of service. The procedures indicated below are to be used when the county welfare department has determined that a share-of-cost Medi-Cal card was not issued within one year of the date of service due to county administrative error. These procedures are based on Section 50746 (a)(4), Title 22, California Administrative Code. That subsection authorizes counties to issue Medi-Cal cards if the delay was due to administrative error. The county must have written authorization from the Department of Health Services only if the delay was caused by state administrative error and the Department of Health Services had authorized card issuance. Effective immediately, county welfare departments are authorized to issue retroactive share-of-cost Medi-Cal cards more than a year from the date of service when the county staff have determined that the delay was due to county administrative error.

When the county determines that, due to administrative error, a Medi-Cal card was not issued, the county welfare department shall:

1. Determine if the share of cost on the MC 177 has been met.
2. Issue the beneficiary a retroactive Medi-Cal card, with the appropriate certification date, for the appropriate month(s) of service.
3. Issue an appropriate letter to the provider to authorize billing beyond the one-year limitation period (Attachment I).
4. Issue a cover letter to the beneficiary attaching 2 and 3 above, with instructions to take the retroactive Medi-Cal card and letter of authorization to the provider (Attachment II).

The provider should affix the beneficiary's retroactive label to the standard claim form and attach a copy of the county-issued letter of authorization. The claim should then be sent directly to the Department of Health Services, Operations Unit, Fiscal Intermediary Management Branch, where the authorization letter and claim must be reviewed before payment can be made to the provider. Please note that claims submitted more than one year beyond the date of service will not be processed unless they are accompanied by both a retroactive Medi-Cal label and a letter from the county authorizing the provider to bill beyond the one-year limitation.

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Submission of Form MC 177S to the State's Benefits Review Unit (BRU)

Upon completion of the above procedures the county shall:

1. Submit the completed (reviewed/certified) MC 177S to BRU. Attach a note to the case indicating "Share of Cost -- Over One Year".
2. Indicate "CI" (card issued) next to those family members who were issued a Medi-Cal card by the county.
3. Draw a line through those family members who did not receive a card because they did not receive services.

BRU will file the MC 177S which will be used in the claims processing function.

These procedures as well as the procedures contained in All County Welfare Directors Letter No. 79-30 will be incorporated in the procedures section of the Medi-Cal Eligibility Manual in the near future.

Please direct any questions you may have concerning these procedures to your Medi-Cal field representative.

Sincerely,

Original signed by

Doris Z. Soderberg, Chief
Medi-Cal Eligibility Branch

Attachments

cc: Medi-Cal Liaisons
Medi-Cal Field Representatives
Expiration Date: March 31, 1981

Dear _____:

Attached is a retroactive Medi-Cal identification label for (beneficiary's name) for the month of _____. This label was issued in accordance with Section 50746 (a) (5), Title 22 of the California Administrative Code, which authorizes county welfare departments to issue Medi-Cal cards more than one year after the date of service if the delay was due to administrative error.

A copy of this letter, along with the patient's retroactive Medi-Cal label, should be attached to your completed claim form for the month of service. The completed claim should then be submitted to:

State Department of Health Services
Operations Unit
Fiscal Intermediary Management Branch
714 P Street, Room 1650
Sacramento, CA 95814

Please note that the fiscal intermediary will not honor a claim submitted more than one year after the date of service unless a copy of this letter is attached to the claim.

Should you have any questions regarding this matter, please contact the county welfare department at (telephone number).

Sincerely,

Medi-Cal Program Manager

Attachment

Dear _____:

Attached is your retroactive Medi-Cal card for the month of _____. This card was issued in accordance with Section 50746 (a) (5), Title 22 of the California Administrative Code, which authorizes county welfare departments to issue Medi-Cal cards more than one year after the date of service if the delay was due to administrative error.

Also attached is a letter to your doctor or other medical provider, granting permission to bill more than one year after the date of service. Please give your provider that letter, along with your Medi-Cal identification label for the month of service, so that it may be attached to the completed bill. The Medi-Cal program cannot pay your provider's bill unless a copy of that letter is submitted with the bill and your Medi-Cal label for the month of service.

If you have any questions, please call your Medi-Cal eligibility worker, (EW's name), at (phone number).

Sincerely,

County Welfare Department

Attachment